## SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

| Section I: Agreement Details  |  |   |
|---|--|---|
| Public Employer: Hamilton Township Mun  | icipal Utilities Authority                     | county: Atlantic                        |
| Employee Organization Government Workers (  | nion   | Employees in Unit:                      |
| Base Year Contract Term: Sept 1, 2012 - August 31, 2                              | 013 New Contract Term Sept 1                   | , 2013 - August 31, 2016                |
| Type of Settlement: ☐ Mediated Settlement ☐ F                                     | Fact-Finder Recommendation                     | X Voluntary Settlement                  |
|   |  |   |
|   | Column A<br>Base Year - Total Costs            | Column B<br>New Base Year - Total Costs |
|   | (Last Year of Previous agreement)              | (First Year of Successor agreement)     |
| Section II: Economic  | _  |   |
| Item 1 Salary   | 302 931,20                                     | 310481.60                               |
| Item 2 Increment  |  | ·                                       |
| Item 3 Longevity  | 111 1117 5                                     | 113 11.55                               |
| Item 4 On-Call Item 5 Classes   | 5 200.00                                       | 14 417.50                               |
| Item 6 Licenses   | 13 520.00                                      | 13 520.00                               |
| Item 7 Certifications   | 4 576.00                                       | 4576.00                                 |
| Item 8 Forman's Rate  | 10 240.06                                      | 6 240.00                                |
| Item 9  |  |   |
| Item 10   |  |   |
| Item 11   |  |   |
| Item 12   |  |   |
| Any additional items list on separate sheet Additional items                      |  |   |
| Section III: Totals - Sum of costs in each column                                 | 346 884.70                                     | 354 435.10                              |
|   | (Total)  | (Total)                                 |
|   | (1.51-7)                                       | ()                                      |
| Section IV: Analysis of new successor agreement                                   | NEW AGREEMENT ANALYSIS                         | 71                                      |
| Total Base Year(previous agreement)   | NEW AGREEMENT ANALTOIG                         | ·                                       |
|   | 9/, 9/,  |   |
| Effective Date (m/d/yyyy)   | 9/1/2014 9/1/2015                              |   |
| 2.18 %  | <u> 2.60%   1.98%</u>                          |   |
| Total cost of increase  | 9 232.45 7192.06                               |   |
| Total base salary (successor agreement)   |  | 1                                       |
| Section V: Impact of Settlement - average annual increase over term of agreement) | greement                                       |   |
| <u>α+3</u>  | •  | •                                       |
| Dollar Impact (average per year over form of agreement) 79.88.30                  |  | •                                       |
| Section VI  |  |   |
| Health Insurance (Indicate costs associated on each line)                         |  |   |
| ### Base Year Cost of Health Plan   | 1 164 858 96                                   |   |
| Employee Contributions  | 14 004.22                                      |   |
| Prescription  | (1.00 (144)                                    |   |
| Dental  |  |   |
| Vision  |  |   |
| The undersigned certifies that the foregoing figures are true and is awa          | re that if any of the foregoing items are fal- | se. s/he is subject to nunisment        |
| Section VII   | ,  |   |
| Prepared by: Nancy Cameia   | Title  | Deput, Exercitive Director              |
| Print Name  |  | Deputy Executive Director 2/24/15       |
| of Jame Came  | Date   | x <u> </u>                              |
| Signature   |  |   |